

Section 2

Service Specifications

Introduction

A. Background

The Department of Human Services, DHS), Social Services Division, Child Welfare Services Branch (CWS) provides child welfare and case management services to children and their biological, extended, foster, or adoptive families to ensure safe, nurturing, and permanent families for Hawaii's children.

a. Purpose or Need

The service is being purchased in keeping with 45 C.F.R 1356.60(c)(2) for the purposes of:

1. Referral to services;
2. Preparation for and participation in judicial proceedings;
3. Development of the case plan;
4. Case reviews; and
5. Case management and supervision.

The DHS is seeking proposals to provide, throughout the State, substance abuse assessment as well as monitoring and testing to include ongoing random collection of samples, screening for illegal or prohibited substances and confirmation testing for clients of the Department's Child Welfare Services.

Clients may court ordered to submit to random urinalysis and/or substance abuse assessments as requested by the Department. The Applicant shall provide assessment, ongoing random collection of samples and testing for the presence of each drug identified in the respective panel, which will be selected by the Department or its authorized representative.

C. Description of the goals of the service

The goals of the Child Welfare Services are comprised of three broad outcome domains in the continuum of child welfare services: safety (which is the paramount concern), permanency, and child and family well being. Provision of a consolidated and enhanced **Substance Abuse Assessment and Monitoring System**, will assist the Department to ensure the safety of children, make informed permanency decisions and enhance monitoring of child and family well-being and service compliance.

The guiding principles of family-centered based practice in the Child Welfare Services Branch are:

1. The safety of children is the paramount concern that must guide all child welfare

services. Child safety must be the paramount concern when making service provision, placement, and permanency planning decisions.

2. Reasonable efforts to maintain and reunify families are important except when it is determined that the child's safety in the family cannot be assured due to certain aggravated circumstances, or after a period of 12 months of service activities, the Department shall move towards a permanent placement for the child. Thus, risk and safety assessment skills are important in maintaining the quality of child welfare services and decision-making.
3. Children should be helped to stay with or return to their families, when safety can be assured, through the provision of timely, appropriate, quality, individualized service activities and supports that build on the strengths of children and families and are responsive to their needs.
4. If children cannot remain safely in their homes, foster care and other temporary placements should be considered as an extension of family life rather than as an alternative to it. The child's need for attachment should be addressed through strengthening the family as a resource for the child.
5. Family crises provide opportunities to the families to address problems. When timely, high quality, and appropriate services are provided to families in crisis, family members, Child Welfare Services Branch staff, and Family Courts are able to make informed decisions about biological, resource, or adoptive parents' ability to protect and care for their children.
6. Service activities must be comprehensive, coordinated, and collaborative and provided in all designated geographic areas under the contract.
7. Service activities must be competent, culturally appropriate and responsive to the strengths, needs, values and preferences of the child and family, and delivered in a manner that is respectful of and builds on the strengths of the family, the community, and cultural ties. Service activities must address the physical, social, emotional, and educational needs of the child and the family's ability to protect the child. Service activities must provide clear and attainable goals and objectives for each participant.
8. Service activities must be individualized, addressing the unique capacities and needs of each child and family.
9. Service activities must empower families to help themselves and to gain and maintain mastery and control over their ability to protect their children.

D. Description of the target population to be served

Persons served will include:

1. Clients who are under the jurisdiction and supervision of the Family Court, who are not subject to the requirements of State of Hawaii, Department of Health, Administrative Rules, Title 11, Chapter 113.

2. Clients who are not under the jurisdiction and supervision of the Family Court, who are subject to the requirements of State of Hawaii, Department of Health, Administrative Rules, Title 11, Chapter 113.

See III.A.3 below.

E. Geographic coverage of service

It is anticipated that services will be purchased for the following geographic areas:

1. Kauai
2. Maui, including Molokai and Lanai
3. Oahu
4. East Hawaii
5. West Hawaii

See II.D below.

F. Probable funding amounts and period of availability

The term of the contract will begin on July 1, 2011 and end on June 30, 2012 with an option to extend the contract annually for a maximum of five (5) additional years subject to availability of funding as well as acceptable utilization and satisfactory performance.

Estimated funding amounts are as follows and are subject to availability of funds:

1. Kauai - \$30,000
2. Maui, including Molokai and Lanai - \$45,000
3. Oahu - \$235,000
4. East Hawaii - \$60,000
5. West Hawaii - \$30,000

Additional funding may become available over the life of the contract, and the sources of funding may change. Funding for any given year or for the contract as a whole may increase up to 300% of the original amount without being considered a fundamental change according to section 3-149-303(d) of Hawaii Administrative Rules. Increases are subject to availability of funds as well as acceptable program utilization and satisfactory performance.

II. General Requirements

A. Specific qualifications or requirements

1. The applicant shall have current and valid licenses and certificates, as applicable, in accordance with federal, state and county regulations, and comply with all applicable Hawaii Administrative Rules.
2. Initial and subsequent drug screening shall be provided for DHS, CWS. Testing methodology must be scientifically accepted and valid and in accordance with relevant State and Federal regulations.

3. Chain-of-custody procedures must be established by the applicant, including security equipment for the transportation of samples. Procedures shall be in accordance with all relevant state and federal rules and regulations.
4. All individuals conducting assessments shall be certified substance abuse counselors pursuant to 321-193 (10), Hawaii Revised Statutes (HRS) and preferably a Hawaii State licensed psychologist, psychiatrist, social worker or a person with a masters degree in behavioral health or science.
5. Collections shall be conducted by Applicant's personnel or by a Sub-Applicant approved by the DHS (and listed on this bid proposal).
6. Sample collection of urine specimens shall be the responsibility of the Applicant.
7. Sample collections shall be conducted on the same day the client is randomly selected at the Applicant's (or approved Sub-Applicant's) testing facility and by qualified staff. Detailed procedures for collection of samples must be established by the Applicant to ensure samples are not tampered with at time of collection. Procedures shall be submitted in writing and must comply with State of Hawaii, Department of Health, Administrative Rules, Title 11, Chapter 113, as well as all relevant Federal and State Statutes and Regulations regarding substance abuse testing and the confidentiality of such tests.
8. Applicant shall provide expert testimony on sample collection, screening and confirmation testing and procedures, if necessary.
9. Applicant shall charge any client medical plan or coverage. See III.B.6 below.
10. All substance abuse records shall be kept confidential pursuant to Code of Federal Regulations (42 CFR), Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, and HRS 329B.
11. The applicant must provide substance abuse assessment and monitoring service activities when referred by the Department's staff or pursuant to a court order up to the funded capacity of the contract.
12. The applicant must provide reasonable accommodations to assure the applicant's capacity to deliver services to those clients with minimal English speaking abilities or physical limitations.
13. The applicant may be required to provide this service on weekends and evenings to accommodate families' work hours.
14. The applicant must assure and be responsible for the provision of service activities throughout the geographical area. Recruitment of staff from the specific geographic area is preferred.

15. The applicant must assure and be responsible for the continuity of service activities by providing full service activity in the event of staff illness, medical emergencies, vacancies, or other situations that result in applicant resources that are less than proposed and contracted for. The applicant must not require nor depend on the Department's staff to provide service activities in the event that applicant resources are not available due to the above situations.
16. The applicant must evaluate its program by using credible and tested measurement tools for program effectiveness in achieving outcomes.
17. The applicant shall conduct state criminal history and CPS central registry checks and shall ensure that no employee has a record of criminal convictions or CPS involvement which would pose a risk to children or families.
18. Once a client is enrolled in a substance abuse treatment facility or program the applicant must coordinate random drug testing to ensure a minimum of - four tests a month if requested by CWS.

B. Secondary purchaser participation

After the fact, secondary purchaser participation may be allowed pursuant to §3-143-608 of Hawaii Administrative Rules (HAR).

C. Multiple or alternate proposals

☐ Allowed ☒ Unallowed

Where single proposals are submitted for multiple geographic areas, those proposals must provide sufficient information per Section 3 of this RFP for each geographic area to allow the selection committees to rate the proposals for those areas according to the criteria in Section 4 of this RFP.

D. Single or multiple contracts to be awarded

(Refer to §3-143-206, HAR)

☐ Single ☐ Multiple ☒ Single & Multiple

Separate or multiple contracts may be awarded for assessment, testing, or for various geographic areas if the State determines that multiple contracts will be more advantageous in terms of cost effectiveness (outcomes and outputs per funding), the quality of applicants' proposals as determined by the rating of those proposals, and whether the Department desires a choice among providers.

E. Single or multi-term contracts to be awarded (check one)

(Refer to §3-149-302, HAR)

X Single term (< 2 yrs) Multi-term (> 2 yrs); specify:

The contract will begin on July 1, 2011, and end on June 30, 2012, with an option to extend the contract annually for a maximum of five (5) additional years subject to availability of funding as well as acceptable utilization and satisfactory performance.

F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the winning applicant or applicants. Written questions will be answered in writing if submitted to the RFP contact person and received on or before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP.

Rex Shillo

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G. Contract Modifications

The contract will be modified if necessary to comply with any changes in Federal or State Statutes or Rules. In the event such changes are necessary the Department will notify the provider in writing of the need for the change and the proposed changes. The provider will have the opportunity to discuss the changes prior to their implementation.

During the term of the contract the parties may be renegotiating terms and conditions related to the performance of the provider including but not limited to measurable outcomes, benchmarks for monitoring timely and adequate provision of services, special reporting requirements, pricing methodology, units of service, unit rates, penalties, incentives, and bonuses. At the time of the renegotiation either party has the right to terminate this Agreement under Exhibit "D", General Conditions, paragraph 4.3 or 4.4 as applicable. Any amendments to this Agreement will not constitute a fundamental change as defined in §3-149-303(d) of Hawaii Administrative Rules. A fundamental change is one which "is so great that a reasonable purchasing agency would in light of all the circumstances, re-procure the required services instead of amending an existing contract in order to assure that the state is receiving the most advantageous bargain."

III. Scope of Work

A. Service Activities (Minimum and/or mandatory tasks and responsibilities)

1. Intake

Client is referred by DHS worker to applicant for assessment and ongoing monitoring recommendation. Once client is referred it is expected that the applicant will assume all responsibility for assessment and monitoring.

2. Assessment

Applicant conducts assessment of each referred client in accordance with established assessment protocols, using instruments whose validity has been tested, and are accepted as credible, such as the Addiction Severity Index (ASI) or other assessment tools. All individuals conducting assessments shall be certified substance abuse counselors pursuant to 321-193 (10), Hawaii Revised Statutes (HRS) and preferably a Hawaii State licensed psychologist, psychiatrist, social worker or a person with a masters degree in behavioral health or science, using accepted tools, and incorporating information provided by DHS. **Assessment is not to be totally based on client self-reporting but instead a combination of client reporting, information from DHS which could include court reports, psychological evaluation summaries, previous positive urine or blood tests, arrest records, and assessor observations.**

Products expected from assessor:

- a. Provide a diagnosis or clinical impression based on the DSM IV.
- b. Type of drug
- c. Description of impairment.
- d. Description of how the client's substance abuse poses a risk to a child or children.
- e. Treatment recommendation, i.e. level of treatment required based on American Society of Addiction Medicine Patient Placement Criteria II or similar criteria.
- f. Monitoring recommendation, i.e. how best would the Department monitor and confirm the client's degree of substance abuse.

3. Monitoring

After the screening or an assessment is completed and reviewed by the applicant and discussed with the assigned CWS caseworker, the client is referred within the program for ongoing monitoring at not less than once a week unless amended by the DHS social worker or pursuant to court order.

There are two tracks, non-Court supervision and Court supervision. The monitoring is substantially the same. The only difference is that the non-Court jurisdiction clients will have all positive tests confirmed by lab testing and received and reviewed by a Medical Review Officer (MRO) in accordance with Department of Health, Hawaii Administrative Rules, Title 11, Chapter 113.

When the level of monitoring is determined, the applicant should access the client's medical coverage to cover the cost of the tests if possible. The plans should be approached by the Applicant to ensure that any testing ordered is consistent with the plan's formulary. If reimbursement by the plans is not possible the Department will pay for each test, on a fee for service basis, based on administrative costs and the cost of testing, including site rental, and equipment.

4. Testing

The preferred method of testing is a test cup that is clinically accepted as a reliable testing method using a split sample, (or a sample that is separated into two parts, with

one tested at the program, and the other retained in case confirmatory testing is requested. The cup must include testing for the following substances:

- Amphetamines
- Methamphetamines
- Cocaine
- Marijuana
- Opiates

Alcohol testing separate from the test cup will also be required if requested by the CWS/DRS worker.

The Applicant must make every effort to keep the cost per test cup at or below \$4.00.

Other methods of testing that are reliable and valid may be proposed in lieu of the above, particularly in hard to serve areas.

The process for random sampling should closely follow the outline below.

The Applicant will be responsible for obtaining the following:

- Telephone line or lines for clients to call.
- A valid random selection method.
- Sites for conducting random UA's that are client assessable
- Confirmatory testing, for non-court jurisdiction clients
- Confirmatory testing on a random basis for all other testing at a rate of 1 confirmatory test/35 cup tests.

The process should be similar to the following:

- a. Applicant establishes a phone line, or if necessary phone lines, for clients to call daily to find out if they are required to provide a sample for testing. Clients must be identified by a unique client number assigned by the Applicant for each client, or other means of identification that would maintain the confidentiality of each client.
- b. At the various test sites the Applicant will prepare the testing area to minimize or eliminate invalid results.
- c. Applicant will observe the samples being taken or perform adulteration testing prior to sample splitting (approximate cost 88 cents each) to ensure integrity of the sample.
- d. Clients will be court ordered to call the program contact line daily, and if their identifier is listed, to show up, with a valid identification to provide a sample as requested.
- e. No-shows will be reported to the Department within 24 hours. No client will be allowed to provide a sample on a non-request day without permission from the CWS social worker or an order of the court.
- f. Prior to the taking of the sample, clients must sign a declaration that states:
 - An admission that they would test positive for a specific substance(s) which they identify had the sample been taken.

- The client must identify any prescription medication and over the counter drugs they are taking. If they are taking prescription medication they must bring the prescription with them.
 - If the client admits drug use, they will not be required to provide a sample unless requested by the CWS caseworker, or Court.
- g. If adulteration testing reveals the sample is contaminated, the applicant will report the test as dirty.
 - h. After providing the sample, the client must sign another declaration attesting that the sample they provided was theirs and it was not tampered with or diluted in any way.
 - i. The Applicant then reads the results and provides the client and DHS with the results in writing.

The Applicant will provide individual client test results that are positive to the DHS social worker within 24 hours.

For clients who are not under the Courts jurisdiction or supervision, the collection process is the same, however the test cups will be read by the Applicant, who will then send the sample of any positive test results to a laboratory for confirmatory testing, after which they will be provided to a licensed MRO who will review the results and provide them to DHS.

The Applicant will submit a monthly summary of test results, with a quarterly report on the aggregate data that includes all samples, by section (geographic area) and state.

In the event a client disputes the results of the test, the client must inform the program at the time of the testing. The applicant must inform the client of the process by which confirmatory testing may be done, including available test sites and approximate costs. The program may conduct confirmatory testing at the client's request and at the client's expense only, which can then be provided to the DHS social worker and Court.

B. Management Requirements (Minimum and/or mandatory requirements)

1. Personnel

- a. Staff should have the educational qualifications and necessary training to provide the activities requested. The applicant must provide documentation of staff qualifications and training to the Department.
- b. All individuals conducting assessments shall be certified substance abuse counselors pursuant to 321-193 (10), Hawaii Revised Statutes (HRS) and preferably a Hawaii State licensed psychologist, psychiatrist, social worker or a person with a masters degree in behavioral health or science.
- c. The applicant shall have current and valid licenses and certificates, as applicable, in accordance with federal, state and county regulations, and comply with all applicable Hawaii Administrative Rules.

- d. The applicant shall conduct state criminal history and CPS central registry checks and shall ensure that no employee has a record of criminal convictions, or CPS involvement, which would pose a risk to participants.

2. Administrative

- a. The applicant shall accept only families that have been referred by the DHS for services under the terms of the contract.
- b. The provider shall sign the Administrative Assurances found in Section 5 of this RFP.
- c. When a disagreement between provider staff and Department staff exists in regard to the performance of service activities within the contract specifications, the wishes of the Department shall prevail. Failure on the part of the provider to comply shall be deemed cause for corrective action and subject to contractual remedies.

3. Quality assurance and evaluation specifications

All contracts shall be monitored by the Department in accordance with requirements set forth by Chapter 103F, Hawaii Revised Statutes. Annual contract monitoring may include site visits with comprehensive evaluation of several areas of performance. These include review of conformance with standard contractual requirements, agency files, accounting practices, and case record keeping. In addition, ongoing contract monitoring shall include review of monthly and quarterly reports and periodic assessment of applicant effectiveness.

The applicant must maintain throughout the term of the contract a system of self-appraisal for evaluating the effectiveness of the activities provided. The evaluation process must include tools or instruments to be used to identify client indicators of change, which are relevant to client outcomes and include a process for making improvements or taking corrective action based upon the evaluation findings.

4. Outcome and performance measurements

See attached Forms A, B, and C. Applicants must propose numbers and percentages for each blank item unless the item is shaded. These figures should be based on the requested funding, proposed staffing, and other factors deemed relevant by the applicant.

5. Reporting requirements for applicant and fiscal data

- a. Required Applicant Reports:

Quarterly and year-end reports shall be provided in a format specified by the Department in which the applicant summarizes major activities undertaken during the report period as well as accomplishments, problems encountered, recommendations, and proposed future activities. Data to be reported usually

includes but may not be limited to the items on the attached Forms A, B, and C.

If applicable as determined by the Department, monthly client-specific data shall be reported in a format specified by the Department.

b. Required Fiscal Reports:

- 1) Applicants will submit invoices in the format provided by the Department.
- 2) For fixed-rate contracts no budgets or expenditure reports are required. Reports of collections of revenues from other sources of funding may be requested in a format specified by the Department.

c. Penalties for Late Reporting

Unless otherwise specified in the contract, quarterly program reports are due 30 days after the end of the quarter. Payment may be reduced by 15% when reports are not submitted within 60 days after the end of the quarter. If quarterly reports are not submitted within 90 days of the end of the quarter, the provider will lapse the funding for the quarter for which no reports have been received. The provider will still be required to maintain the capacity to provide the contracted level of services in spite of the reduced funding.

6. Pricing or pricing methodology to be used

	<u>Cost reimbursement</u> where the State pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum contract amount.
X	<u>Fixed rate</u> where the State pays the contractor a set rate for a defined unit of service up to a stated maximum contract amount. The State and the contractor agree on the number of units of service to be delivered for the stated contract amount.
	<u>Base Cost/Fixed Rate Combination</u> where the State pays the contractor a base amount for operating costs and a fixed rate for units delivered up to a stated maximum contract amount.
	<u>Negotiated rate</u> where the State determines the number of units it needs and then negotiates with the contractor the total cost to provide all those units. The negotiated cost to deliver a set number of units allows a unit rate to be calculated.

Provided that there are no waiting lists for assessments and testing, revenues generated by third party payments will be considered a bonus for the provider. Otherwise, program revenues must be used to enhance and even increase the

capacity of the program in order to decrease waiting lists for services

The pricing methodology may be revised by mutual agreement throughout the term of the contract.

7. Units of service and unit rate

1. Service units are defined as:

- a. The provision of one completed substance abuse assessment reported to DHS in a format that is acceptable to the Department.
- b. The scheduling, collection, reading and reporting to CWS of one substance abuse sample (i.e., the drugs and alcohol specified in III.A.4) as part of the monitoring and testing activities.

2. Unit Rates:

- a. State shall pay the provider \$142.00 per assessment reported to the Department.
- b. State shall pay the provider \$22.00 per sample tested and reported to the Department. Applicants may propose a different rate for test samples together with a justification. At its option the State may accept or reject the proposed alternative rates.
- c. State will pay the provider a bonus of \$3.00 for each positive and negative test result reported to the CWS caseworker within 24 hours of testing. State will also pay the provider a bonus of \$3.00 for each no-show reported to the CWS caseworker within 24 hours of the testing date that was missed by the client.
- d. State will pay the provider \$39.00 for each scheduled assessment appointment that a client failed to show up (no-show).
- e. These rates may be renegotiated over the life of the contract. See also I.F above.
- f. At its option the Department may decrease funding for any contract where the units delivered are below the capacity of the program per the funding at that particular time.

FORM A - PEOPLE TO BE SERVED

ORGANIZATION: _____

SERVICE: _____ SUBSTANCE ABUSE ASSESSMENT AND MONITORING SYSTEM

PEOPLE TO BE SERVED	BUDGET PERIOD	
	FY 2011	FY 2012
EAST HAWAII:		
1. # of clients <u>referred</u> for substance abuse <u>assessments</u> in each geographical location.		
2. # of clients <u>accepted</u> for substance abuse <u>assessments</u> in each geographical location.		
3. # of clients <u>referred</u> for substance abuse <u>testing</u> in each geographical location.		
4. # of clients <u>accepted</u> for substance abuse <u>testing</u> in each geographical location.		
WEST HAWAII:		
1. # of clients <u>referred</u> for substance abuse <u>assessments</u> in each geographical location.		
2. # of clients <u>accepted</u> for substance abuse <u>assessments</u> in each geographical location.		
3. # of clients <u>referred</u> for substance abuse <u>testing</u> in each geographical location.		
4. # of clients <u>accepted</u> for substance abuse <u>testing</u> in each geographical location.		
KAUAI:		
1. # of clients <u>referred</u> for substance abuse <u>assessments</u> in each geographical location.		
2. # of clients <u>accepted</u> for substance abuse <u>assessments</u> in each geographical location.		
3. # of clients <u>referred</u> for substance abuse <u>testing</u> in each geographical location.		
4. # of clients <u>accepted</u> for substance abuse <u>testing</u> in each geographical location.		

FORM A - PEOPLE TO BE SERVED

PEOPLE TO BE SERVED	BUDGET PERIOD	
	FY 2011	FY 2012
MAUI, MOLOKAI, & LANAI:		
1. # of clients <u>referred</u> for substance abuse <u>assessments</u> in each geographical location.		
2. # of clients <u>accepted</u> for substance abuse <u>assessments</u> in each geographical location.		
3. # of clients <u>referred</u> for substance abuse <u>testing</u> in each geographical location.		
4. # of clients <u>accepted</u> for substance abuse <u>testing</u> in each geographical location.		
OAHU:		
1. # of clients <u>referred</u> for substance abuse <u>assessments</u> in each geographical location.		
2. # of clients <u>accepted</u> for substance abuse <u>assessments</u> in each geographical location.		
3. # of clients <u>referred</u> for substance abuse <u>testing</u> in each geographical location.		
4. # of clients <u>accepted</u> for substance abuse <u>testing</u> in each geographical location.		

FORM B – SERVICE ACTIVITIES

Complete Form B for each geographic area proposed to be served. See I.E above.

ORGANIZATION: _____

SERVICE: _____ SUBSTANCE ABUSE ASSESSMENT AND MONITORING SYSTEM _____

GEOGRAPHIC AREA: _____

SERVICE ACTIVITIES	BUDGET PERIOD	
	FY 2011	FY 2012
1. # of Assessments completed - in each geographical location.		
2. # of Samples collected and interpreted for clients under court jurisdiction - in each geographical location.		
3. # of Samples collected and interpreted for clients not under court jurisdiction - in each geographical location.		
4. # of confirmatory tests performed.		
5. # of tests positive for <u>Amphetamines</u> .		
6. # of tests positive for <u>Methamphetamines</u> .		
7. # of tests positive for <u>Cocaine</u> .		
8. # of tests positive for <u>Marijuana</u> .		
9. # of tests positive for <u>Opiates</u> .		
10. # of tests positive of <u>Alcohol</u> .		

FORM C – OUTCOMES

ORGANIZATION: _____

SERVICE: _____ SUBSTANCE ABUSE ASSESSMENT AND MONITORING SYSTEM

ALL GEOGRAPHIC AREAS PROPOSED TO BE SERVED: _____

OUTCOMES	BUDGET PERIOD	
	FY 2011	FY 2012
1. % of successfully completed substance abuse assessments for clients accepted for testing.		
2. % of clients who are accepted for testing and who show up for testing.		
3. % of clients who successfully complete substance abuse testing.		
4. % of clients who admit to using drugs prior to testing.		
5. % of tests for which eligibility is established and reimbursement is obtained from the client's medical coverage.		
6. % of positive, negative, and no-show test results provided to the CWS caseworker within 24 hours.		
7. % of clients whose test results are negative for illegal drugs.		
8. % of clients whose test results are positive for illegal drugs for a single sample for the month reported.		
9. % of clients whose test results are positive for illegal drugs for more than a single sample for the month reported.		
10. % of confirmatory tests that are consistent with initial results.		

FORM C – OUTCOMES